STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001132	A. BUILDING: _____ B. WING _____	C 03/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING CLUB	6038 W 25TH ST INDIANAPOLIS, IN 46224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00125043. Complaint IN00125043 Unsubstantiated, due to lack of evidence. Survey date: March 18, 2013 Facility number: 001132 Provider number: NA AIM number: NA Survey team: Joyce Hofmann, RN Census bed type: Residential: 48 Total: 48 Census payor type: Other: 48 Total: 48 Sample: 4 Independent Living Club was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00125043. Quality Review completed on 03/19/2013 by Brenda Nunan, RN.	R 000		